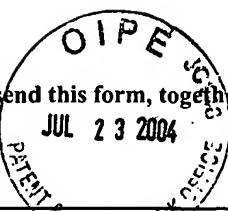


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• Complete and send this form, together with applicable fee(s), to: **Mail**

**JUL 23 2004**



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20350 7590 04/22/2004

**TOWNSEND AND TOWNSEND AND CREW, LLP**  
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<b>Kimberly Rosa</b>	(Depositor's name)
<i>Kimberly Rosa</i>	(Signature)
<b>July 20, 2004</b>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/052,905	11/02/2001	Susan Schwendner	018781-007210US	9747

**TITLE OF INVENTION: COMBINATION THERAPY USING PENTAFLUOROBENZENESULFONAMIDES AND ANTINEOPLASTIC AGENTS**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	07/22/2004
EXAMINER		ART UNIT	CLASS-SUBCLASS		
KRASS, FREDERICK F		1614	514-601000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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and Crew LLP

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

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(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Tularik Inc.

South San Francisco, California, USA

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(Authorized Signature) *Frank J. Mycroft* (Date) *July 20, 2004*  
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